

EXHIBIT 2

Death Certificate:

- Cause of death, block 23
- No autopsy performed, block 24a
 - Manner of death, block 25
- Was not referred to medical examiner, block 26a
 - Signed on May 10, 2014, block 33c
 - Filed on May 14, 2014, block 35

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA PITT COUNTY OFFICE OF THE REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS
CERTIFICATE OF DEATH

EXHIBIT

2
Death
Certificate

REGISTRATION
DISTRICT NO. 014-90

LOCAL NO.

COUNTY OF DEATH

STATE FILE NO.

DECEDENT

DECEDENT'S LEGAL NAME

1a. FIRST

1b. MIDDLE

1c. LAST

1d. SUFFIX 1e. LAST NAME PRIOR TO FIRST MARRIAGE

Keisha

Marie

White

aka

aka

aka

TYPE/PRINT IN
PERMANENT
BLACK, BLUE-
BLACK OR
BLACK INK

2. SEX 3a. AGE-LAST BIRTHDAY (Yrs)

3b. UNDER 1 YEAR

3c. UNDER 1 DAY

Months

Days

Hours

Minutes

4. DATE OF BIRTH (Month/Day/Year)

5. BIRTHPLACE (County/State or Foreign Country)

6. DATE OF DEATH (Month/Day/Year)

F

26

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PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL

☒ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)

Vidant Medical Center

7d. CITY OR TOWN

Greenville

7e. COUNTY OF DEATH

Pitt

8. MARITAL STATUS

☒ Married ☐ Married, but separated ☐ Widowed

☐ Divorced ☒ Never married ☐ Unknown

9. SURVIVING SPOUSE (If wife, give name prior to first marriage)

10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)

Never Worked

10b. KIND OF BUSINESS/INDUSTRY

N/A

11. SOCIAL SECURITY NUMBER

12a. RESIDENCE-STATE OR FOREIGN COUNTRY

12b. COUNTY

12c. CITY OR TOWN

12d. STREET AND NUMBER

12e. INSIDE CITY LIMITS ☒ Yes ☐ No

12f. ZIP CODE

13. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)

☐ 8th grade or less

☐ 9th-12th grade; no diploma

☒ High school graduate or GED completed

☐ Some college credit, but no degree

☐ Associate degree (e.g., AA, AS)

☐ Bachelor's degree (e.g., BA, BS)

☐ Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA)

☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)

☒ No, not Spanish/Hispanic/Latino

☐ Yes, Mexican, Mexican American, Chicano

☐ Yes, Puerto Rican

☐ Yes, Cuban

☐ Yes, other Spanish/Hispanic/Latino (Specify)

16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

☐ White ☐ Other Asian (Specify)

☒ Black or African American

☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander (Specify)

☐ Asian Indian ☐ Japanese

☐ Chinese ☐ Korean

☐ Filipino ☐ Vietnamese

☐ Other (Specify)

17. FATHER'S NAME (First, Middle, Last)

Robert White

18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)

Cynthia Bunch

19a. INFORMANT'S NAME

Cynthia Avens

19b. RELATIONSHIP TO DECEDENT

Mother

19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

400 Poplar Street, Weldon, NC 27890

20a. METHOD OF DISPOSITION

☒ Burial ☐ Cremation

☐ Donation ☐ Entombment ☐ Removal from State

☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

Mt. Gilliam Church Cemetery

20c. LOCATION (City or town and State)

Littleton, NC

21a. SIGNATURE OF FUNERAL DIRECTOR

21b. LICENSE NUMBER

21c. NAME OF EMBALMER

21d. LICENSE NUMBER

22. NAME AND ADDRESS OF FUNERAL HOME

Coffield Mortuary, P.O. Box 72, Weldon, NC 27890

23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

a. Anoxic brain injury

b. Cardiopulmonary arrest

c. Acute or chronic kidney disease

d. Systemic lupus erythematosus

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

25. MANNER OF DEATH

☒ Natural ☐ Homicide

☐ Accident ☐ Pending

☐ Suicide ☐ Cannot be determined

26a. WAS CASE REFERRED TO MEDICAL EXAMINER? ☐ Yes ☒ No

26b. IF YES, Declined by Medical Examiner

27. TIME OF DEATH (Approximate)

13:02

28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown

29. IF FEMALE

☐ Pregnant at time of death

☐ Not pregnant within past year

☐ Not pregnant, but pregnant within 42 days of death

☐ Not pregnant, but pregnant 43 days to 1 year before death

☐ Unknown if pregnant within the past year

30. DATE PRONOUNCED (Month/Day/Year)

31a. DATE OF INJURY (Month/Day/Year)

31b. TIME OF INJURY

31c. INJURY AT WORK? ☐ Yes ☒ No

31d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc.

31e. IF TRANSPORTATION INJURY SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)

☒ Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

☐ Medical Examiner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.

33a. SIGNATURE AND TITLE OF CERTIFIER

33b. LICENSE NUMBER

33c. DATE SIGNED (Month/Day/Year)

34. NAME AND ADDRESS OF CERTIFIER (Print legibly)

35. DATE REGISTERED BY STATE

36. FOR REGISTRAR USE ONLY

37. DATE REGISTERED BY STATE

38. FOR REGISTRAR USE ONLY

39. DATE REGISTERED BY STATE

40. FOR REGISTRAR USE ONLY

41. DATE REGISTERED BY STATE

42. FOR REGISTRAR USE ONLY

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105. DATE REGISTERED BY STATE

106. FOR REGISTRAR USE ONLY